

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MTB	954	11-10-01
RESPONSE FORMALITY REVIEW	R.B	1076	01-26-01
			05/02/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
-/- ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	2/10/02
2	2/10/02
3	2/10/02
4	2/10/02
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49	2/10/02
50	2/10/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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